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021567 7590 06/25/2004

WELLS ST. JOHN P.S.
 601 W. FIRST AVENUE, SUITE 1300
 SPOKANE, WA 99201

07/29/2004 EFLORES1 00000141 10630433

01 FC:1501 1330.00 OP
 02 FC:1504 300.00 OP
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I hereby certify that the Issue/Publication Fee is/are being hand-delivered to the Issue Fee Branch, Assistant Commissioner of Patents, Washington, D.C. 20231 on the date indicated below:

Sunny Downs
 Depositor's Name
Sunny Downs
 Signature
7-28-04
 Date

APPLICATION NO.	FILING DATE	FIRST NAMED INV		
10/630,433	07/29/2003	H. Montgomery Manning	MI22-2352	7849

TITLE OF INVENTION: METHOD OF FORMING A LOCAL INTERCONNECT

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1330	\$300	\$1630	09/27/2004

EXAMINER	ART UNIT	CLASS-SUBCLASS
PHAM, THANH V	2823	438-586000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
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2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 Wells St. John P.S.
 2 _____
 3 _____

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

MICRON TECHNOLOGY, INC.

Boise, Idaho

Please check the appropriate assignee category or categories (will not be printed on the patent); ☐ individual ☒ corporation or other private group entity ☐ government

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☒ Issue Fee☒ A check in the amount of the fee(s) is enclosed.☒ Publication Fee☐ Payment by credit card. Form PTO-2038 is attached.☒ Advance Order - # of Copies Six (6) copies☒ The Director is hereby authorized to charge the required fee(s), or credit any overpayment, to Deposit Account Number 23-0925 (enclose an extra copy of this form).

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(Authorized Signature)

(Date)

Mark S. Matkin, Reg. No. 32,268

7/27/04

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